

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 04-SEP-2012	TIME 03:39:00	2. ADDRESS OF OCCURRENCE 7433 S STATE ST CHICAGO, IL 60619	3. LOCATION CODE 304	4. BEAT/OCCUR 0323			
	5. POSITION 9161	6. LAST NAME PHILLIPS III	7. FIRST NAME CECIL	8. STAR NO. 6657	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE / 11. AGE BLK	12. HT 602	13. WT 235
	14. DATE OF APPT. 30-SEP-2002	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0368A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20. LAST NAME ROBINSON	21. FIRST NAME GLENN	22. M <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX BLK	24. RACE 25. O.O.B.	26. HT 602	27. WT 205	
	28. ADDRESS CHRIST	29. TELEPHONE NO. DR. ER STAFF	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	34. BY WHOM? DR. ER STAFF	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED DNA	37. CB NO. 18487818	IR NO. [REDACTED]	DNA	
	38. DNA	PASSIVE RESISTER		ACTIVE RESISTER	ASSAILANT ASSAULT	ASSAILANT BATTERY	ASSAILANT DEADLY FORCE	
	SUBJECTS ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	PLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER DISCHARGE FIREARM AT <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>			
	OTHER _____	OTHER _____	OTHER DISCHARGE FIREARM A) _____	OTHER DISCHARGE FIREARM B) _____	OTHER SEMI-AUTO HANDGUN <input type="checkbox"/>			
MEMBERS RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROLD INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> W/ALTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN/Emergency <input type="checkbox"/> HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Burn) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Stark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____			
39. DNA	40. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		ADDITIONAL INFORMATION SEMI-AUTO 9MM FIRING AT OFFICER					
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR	
				45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) -US- (BERETTA USA CORP. BRONCO)	46. MODEL 92	X7. BARREL LENGTH 5	48. CALIBER/GAUGE 9 MM	
	47. TASER DART ID NO.	48. WEAPON SERIAL NO. (Include Letters)	49. CHICAGO SUN REG. NO.	50. IL FIREARM OWNER ID. NO.	51. HANDGUN CERTIFICATE NO.			
	BER302806	630544						
	52. SPECIAL WEAPON CERTIFICATE NO.	53. PROPERTY INVENTORY NO.	54. TYPE OF AMMUNITION USED Department Issued	55. NO OF WEAPONS DISCHARGED BY THIS MEMBER. 1	56. TOTAL NO OF SHOTS MEMBER FIRED 18			
	57. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	59. NO OF CARTRIDGES/SHOT SHELLS RELOADED 15	60. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	61. EVENT NO 1224801975			
	61. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD HAND	63. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0'- 5 FT. <input type="checkbox"/> 02 6'- 10 FT. <input type="checkbox"/> 03 10'- 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.	64. MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
	65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE, AND TREE	66. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	67. R.D. NO HV460181					
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> 01 OEMC <input checked="" type="checkbox"/> 02 DESK SGT & W.C./DIST. OF OCCUR.	NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> 01 OEMC <input checked="" type="checkbox"/> 02 DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> 03 OP COMMAND <input checked="" type="checkbox"/> 04 DET. DIV.	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	71. RD. NO HV460181				
SIGNATURES	72. REPORTING MEMBER (Print Name) PHILLIPS III, CECIL 04-SEP-2012 10:45:27	STAR/EMPLOYEE NO. 6657	SIGNATURE	DATE REVIEWED 04-SEP-2012 10:51:41				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	73. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J	STAR NO. 2502	SIGNATURE	TIME				

LOG # 1056803
Attachment # 26

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE (INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender in surgery at Christ hospital for gun shot wounds sustained during incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX ?? FINDING

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Phillips acted in compliance with department policy in that Officer Phillips fired his weapon at the offender after the offender pointed and fired a firearm at Officer Phillips.

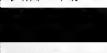
77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1056803 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)
JOHNSON, EDDIE T

SIGNATURE


DATE COMPLETED TIME
04-SEP-2012 10:55:28

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS / PHOTOCOPIES OF:	<input type="checkbox"/> CASE REPORT <input checked="" type="checkbox"/> ARREST REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	<input type="checkbox"/> O.D. REPORT <input type="checkbox"/> CR INITIATION REPORT	BD. TOTAL TRRS THIS EVENT NO. <u>5</u>
-------------------------------	---	---	---	---

LOG # 1056803

Attachment # 26